

FILED MAR 6 1950

STANDARD CERTIFICATE OF DEATH

State File No.

4998

266

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1227 HUNTINGTON ROAD</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) <u>Fannie</u>		b. (Middle) <u>Rose</u>		c. (Last) <u>Rose</u>		d. (Month) (Day) (Year) <u>2-17-50</u>	
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN-3-1872</u>	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>CHAMPAIGN, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DANIEL SCHWARTZ</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>JAKE ROSE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. J. NAYRAN</u>		18. ADDRESS <u>1227 HUNTINGTON ROAD KANSAS CITY, MO.</u>		19. DATE OF OPERATION <u>4201</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cardiac Infarction</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) <u>Coronary Sclerosis</u>			
				DUE TO (c) <u>---</u>			
II. OTHER SIGNIFICANT CONDITIONS				INTERVAL BETWEEN ONSET AND DEATH			
Conditions contributing to the death but not related to the disease or condition causing death.				<u>5 days</u>			
				<u>4 years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Sept. 1949</u> , to <u>Feb 17, 1950</u> , that I last saw the deceased alive on <u>Feb 17, 1950</u> , and that death occurred at <u>9:45 am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Faith W. Wolf</u>		23b. ADDRESS <u>206 Apple Valley Kansas City, Mo.</u>		23c. DATE SIGNED <u>Feb 18, 1950</u>		24. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL CEMETERY</u>	
24a. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>		24b. DATE <u>FEB-19-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROSE HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
24e. DATE REC'D BY LOCAL REG. <u>2-18-50</u>		24f. REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		24g. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer</u>		24h. ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed Edward M. Strong

Licensed Embalmer No. 4452

P. O. Address K.C. 4 Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.